

Testimony to The PA House Majority Policy Committee

Submitted By: Denise Cavanaugh, Step By Step, Inc.

Good morning, my name is Denise Cavanaugh, Vice President of Operations for Step By Step Inc.'s Western region. I have served Step By Step in this capacity since July 2004. In our Western region we support over 100 individuals and employ close to 140 primarily in Allegheny County and also in Washington County. We offer an array of services, including Community Homes, Life Sharing, ICF/ID, CPS (facility and community-based), In-Home and Community Supports, and Behavioral Supports.

I also serve as the Chair of the Intellectual/Developmental Disabilities subcommittee for the Conference of Allegheny Providers (CAP), where I am in year 1 of a 2 year term. CAP is an association of non-profit human service organizations in Allegheny County. CAP is an affiliate member of the statewide Rehabilitation Community Providers Association (RCPA).

Thank you for the opportunity to provide testimony to you today regarding the temporary suspension of regulations implemented by DHS in response to the COVID-19 pandemic. The suspension of these regulations, whether full or limited, which eased requirements around training, individual rights, medical appointments, staffing and service delivery was helpful to providers, and allowed us to focus efforts on maintaining the health and safety of those we support and those we employ. Especially in the early days of the pandemic when PPE was scarce and there was so much unknown about the path the pandemic would take.

As I reflect upon it one year later, I am grateful to the Department for enacting measures which eased concerns about adhering to requirements that would have been impossible to comply with, and allowed provider focus to be on the well-being of the individuals we serve and our employees – Direct Support Professional heroes who throughout the course of this pandemic put their own lives at risk to serve those in our care.

The flexibility afforded us by allowing initial physical exams in residential programs to be completed via telemedicine, and allowing day programs to use the most recent physical exam results until June 30, 2021 were beneficial to both providers and service recipients, because the requirements of those regulations could not have otherwise been met. Moving forward, I would suggest continued flexibility around the use of telemedicine for completion of physical exams, as well as due dates for annual physicals – for instance, at this time under 6400 regulations, if a physical exam is not completed within 15 days of the previous annual exam, the provider is deemed to be out of compliance, and a corrective action must be submitted. I think we need to consider whether getting an annual physical 16, 17 or even 30 days beyond the previous year's physical date warrants a determination of non-compliance.

Another regulatory suspension that was helpful pertains to the completion of a Department approved medication administration training course. During the pandemic, new or untrained staff were able to complete DHS-ODP's Modified Medication Training Course. Using this method, staff were able to complete the on-line portion of medication training in 2-3 hours versus 1 -2 days, allowing staff more time to provide direct services. Due to this, along with seeing no increase in the number of medication errors subsequent to using the modified course, we recommend that this suspension be continued indefinitely.

The Department's suspension of regulations easing staffing requirements or allowing residential programs to exceed licensed capacity due to COVID-related staffing shortages was by the far the most helpful and impactful. On several occasions, when outbreaks occurred in a home, or when a staff person fell ill with the virus, or had to quarantine due to close contact, we were able to temporarily

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move individuals to locations where sufficient staffing was available to meet their needs. Even with those measures in place, there were times when just 2 staff covered a single location for a week or more, and opted to stay at a hotel so as not to put their loved ones at risk. Even with those measures in place, it was not enough to compensate for the fact that we are in the midst of a direct care workforce shortage that will only worsen in years to come, unless we take immediate action.

The COVID-19 pandemic has shined an even brighter spotlight on the workforce shortage that all human services providers face. Let me be clear that this is not an individual provider issue; this issue is actually a nationwide crisis. Furthermore, providers do not have the means to independently solve this problem as these programs are reliant on governmental funding from state and federal entities -- providers cannot meaningfully and sustainably raise salaries, develop, formalize and recognize skill-based certification programs that would help to "professionalize" the Direct Support Professional role, and cannot, without significant changes in regulation, rely on technology as a reliable means to supplement or supplant the direct care work force. This is a systemic issue that will require the collaboration of providers, government funding bodies, and legislators at the Federal and State levels.

Compounding the problem for providers are ever-increasing regulations and policies implemented over the last few years, and one in particular -- revised Incident Management requirements scheduled to take effect on July 1, 2021, that will significantly increase provider reporting requirements and responsibility for conducting Certified Investigations. For example, based on the requirement in the new Incident Management Bulletin that all allegations of Individual to Individual abuse be subjected to the certified investigation process, we anticipate that Step By Step Western region will be required to conduct at least 15-20 additional investigations annually. As a result, Certified Investigators, whose primary responsibilities more often than not involve program supervision and/or direct service, will have significantly less time to devote to the provision and management of person-centered services. It is important to note that ODP is the only system in the Department of Human Services where providers are required to investigate themselves, and that we receive no additional funding to compensate for the resources used to conduct certified investigations.

In addition to new Incident Management requirements, providers in recent years have had to devote additional resources, without additional funding, to satisfy requirements related to the following:

- Completion and on-going updates of the Health Risk Screening Tool (HRST) for all residential participants.
- Participation in hours long SIS Assessments for all waiver-funded individuals.
- The Quality Assurance & Improvement (QA&I) and Provider Qualifications processes, which are often duplicative and time consuming.
- Human Rights Committees, which requires committee members that most providers do not have readily available.

That is not to say that there is no value to the items listed above, however the processes are often disjointed and duplicative; they are all unfunded mandates and create additional burdens for providers, who are already challenged by the issues created by the workforce crisis described earlier in my testimony. RCPA members would like offer to assist with additional work in this area to minimize unnecessary duplicative efforts and allow providers to focus the majority of their time on the provision of person centered services.

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In closing, the suspension of regulations implemented by DHS during the COVID-19 pandemic were helpful, and allowed us to focus on efforts on maintaining the health and well-being of those we support and those we employ. Thank you for the opportunity to speak before you today.